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TRANSMATAL FORM (to be used for all correspondence and initial filing)			First Named Inventor	1/						
			Group Art Unit	Irwin Gerszberg					<i>v</i>	
				2667						
			Examiner Name	Yao, Kwang Bin						
Total Number of Pages in this Submission 8			Attorney Docket Number	112813CON						
			Enclosures (chec	k all that apply	)					
Amendment Affidavits  Extension of Express Abar Information D Certified Cop Document(s) Response to under 37 CFF	ertified Copy of Priority  Address  Additional enclosure(s)					G 3 0 2004 ogy Center 2600				
	CORRESPONDENCE ADDRESS									
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	Samuel H. Dwore								·	
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	Bedminster United States				FAX					
COUNTRY		-		ODNEY OR	ACEN	T DEOLUG			332 1201	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED										
NAME Robert T. Canavan Reg. # 37592							2			
TELEPHONE 908/70/1-1569										
SIGNATURE DATE 08/23/2004										
CERTIFICATE OF MAILING										
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 08/23/2004										
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Signature	Woles	154	ann	Date	08/2	3/2004				
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Complete if Known 10/005, 153 Application Number 12/07/2001 Filing Date First Named Inventor Irwin Gerszberg AUG 3 0 2004 Yao, Kwang Bin **Examiner Name** 2667 TOTAL AMOUNT 110 Group/Art Unit

OF PAYMENT	Attorney Docket No. 112813CON TECHNOLOGY CENT						y Deniel 200		
	METHOD OF PAYMENT (check or				FEE CALCULATION	(contin	ued)		
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Sample Form (03-04)

## **AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY**

In re Applicat	ion of: Gerszberg et al.		•		
Application N	10/005,153			REC	CE
Filed:	12/07/2001	·		AUG	3
Title:	Hybrid Fiber Twiste Network Service Arc	d Pair Loca hitecture	l Loop	Technolo	ogy
Attorney Doc	ket No. 112813CON	Art Unit: 2	667		
applica	ned. Furthermore, the practitioner is authorion pursuant to 37 CFR 1.34:  Name	orized to file corre		the above-identified stration Number	
Ro	bert T. Canavan		· 3 <sup>-</sup>	7,592	
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does not hav abandonmen assignee of ti	Power of Attorney to the above-named e authority to sign a request to change the t, a disclaimer, a power of attorney, or other entire interest or an attorney of record. Itoner should be executed and filed in the	e correspondence er document requi If appropriate, a s	address, a re ring the signa reparate Pow	quest for an express iture of the applicant, er of Attorney to the abo	
	SIGNATURE of	Practitioner of Reco	ord		
Name \	Samuel H. Dworetsky				
Signature	Xaula (1800)	<b>V</b>	Date		
Registration Number	27,873	(T)	Telephone	<i>08/20/04</i> (908) 532-185	5

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